

rivers, which had risen up, as it were, by the hand of enchantment, received a sudden check, and became suddenly almost totally abandoned, from death and desertion. Strangers from every part of the United States, invited by the fertility of the soil, the beauty of the country, and the serenity of the climate, brought together by fortuitous association, with foreign and unseasoned constitutions, were suddenly swept off by thousands. In many families there were not well persons sufficient to attend upon the sick and dying. Never have I known a time of such general calamity. There was then no "tempering of the wind to the shorn lamb," but age and infancy were alike hurried to the grave; *Rachael* was not even spared to weep for her children, but fell an indiscriminate sacrifice before the destroying angel. From this severe visitation many places have not yet recovered: and as the population of the state since then has augmented threefold, we can form some notion of the vast natural advantages and inducements held out to emigrants, who, in such numbers, could brave all the terrors of a country that to many had proved so uncongenial and fatal. But these times are happily passed; and we can now look back upon this melancholy period of our history, like the shipwrecked mariner who stands upon the sunny shore, and contemplates with mingled emotions of joy, gratitude, and sorrow, the danger and destruction which he has escaped.

As there is a very considerable proportion of cool and variable weather during our winter months, the diseases of this season, though less numerous, resemble those of northern climates, being mostly of an inflammatory character; among which the most common are pleurisies and inflammations of the lungs. Ophthalmia and rheumatic affections are also frequent. But it is unnecessary to go into a particular enumeration and detail, as the diseases incidental to other climates, with certain limitations and exceptions, already hinted at, are also common here.

*Cahaba, Alabama, 1831.*

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ART. VIII. *Medical Cases.* By J. FRANKLIN VAUGHAN, M. D.  
Physician to the Alms-house of New Castle County, at Wilmington, Delaware.

CASE I.—*Hepatic and splenic derangement, simulating organic disease of the heart or aneurism of the aorta.*—A married lady, who had generally enjoyed good health, and was the mother of several fine

children, was attacked in the latter part of July, 1825, with bilious fever, then prevalent in the district in which she resided. The attack being violent, and the fever of a highly inflammatory type, her physician, (as he informed me,) had to resort to active and decisive measures for relief. Depletion free and repeated, by the lancet, active purging, and all the usual antiphlogistic means were put in requisition. In the course of a short time the fever yielded, tonics were prescribed, the patient pronounced convalescent, and medical attendance discontinued.

In about six weeks, however, the doctor was summoned to visit his patient in haste, as she was "dangerously ill." He found her labouring under an urgent sense of suffocation, violent palpitation of, and a most distressing feeling of weight about the heart, with acute pain. Venesection was at once resorted to, and some relief afforded, but the pain in the region of the heart and the palpitation continued. A consultation with an aged and respectable practitioner was held, and her disease was pronounced to be either, (*which*, they found it impossible to ascertain,) "an organic affection of the heart, or an aneurism of the aorta at its arch." Under these circumstances, a palliative course was adopted, consisting of venesection once or twice a week, according to the violence of the symptoms, with digitalis, absolute rest, low diet, anodynes at night, &c. This plan was continued for near two months, without any alleviation of the distressing symptoms, but, on the contrary, (as the patient stated,) they were all greatly aggravated, when I was called to see her.

Her situation at this time was truly deplorable; *the palpitation of the heart was so violent as to throw up the bed-clothes*, (at every diastole,) *so as to be distinctly seen across a large room!* and the mental despondency was greater than I had ever seen it, despair seeming literally stamped upon the features. This state of mind, however, I was not much surprised at, when I learned from the lady that she had been made acquainted with the fearful diagnosis and still more terrible prognostic—a sudden death. The patient was, as might be expected, very much debilitated; her skin was sallow and unhealthy, the bowels torpid, being evacuated only by medicine, and the pulse wiry or corded, quick and frequent.

After a minute enquiry into the history of the case, and a most careful examination of the thorax, both by mediate and immediate *auscultation*, I was induced to believe that there was really no primary or permanent disease of either heart or aorta. Some other cause for the situation of the patient was then to be sought for, and my attention was immediately directed, (by the history of the case and the

generally depraved state of the system,) to the chylopoietic apparatus; and here I soon found a state of things which confirmed the opinion already expressed—a very great enlargement and induration of the spleen, some enlargement, evident induration, and slight tenderness on pressure in the liver, and the usual debility and disorder of stomach consequent to biliary obstruction.

Might not then all her sufferings be referred to the derangement of the functions of these important organs, and all the indications of disease in the thorax be sympathetic and delusive?

In the subsequent consultation, this opinion was looked upon, (by those in attendance previously,) as fanciful or “speculative;” and the indications, or *methodus medendi* predicated upon it, positively condemned as being utterly inadequate to relieve the urgent and alarming symptoms, and only calculated to hasten the termination of an incurable disease! On, however, fairly, plainly, and explicitly stating the case in the presence of all concerned, my opinion, and the treatment founded upon it were adopted—because it offered some hope, the other none.

The course pursued may be related in a few words. A very slight salivation was excited by the blue pill, and maintained for about four weeks; an epispastic applied over the liver and spleen, dressed, (as soon as it could be borne,) by the ungt. merc. a light but more nutritious diet was allowed, and cheerful society, &c. &c. recommended. Soon after a gentle ptyalism was established, the obstructed secretions were restored, the torpid bowels became regular, and the enlargement of the liver and spleen were found to be yielding to it and the counter-irritants; a perceptible diminution in the violence of the palpitation, with relief of pain, weight, oppression, &c. directly followed, and the general health gradually and regularly improved, until a complete restoration was effected. During the convalescence, tonics, (especially cort. peruv. with rad. valerian.) were freely administered, aided by a nutritious diet, and as soon as the strength was sufficiently increased, active exercise, especially riding, &c. &c. Five years have now elapsed, and this lady continues perfectly well.

The preceding case suggests several remarks—but leaving others to draw their own inferences, I will only notice two, which appear to me of practical importance. In the first place, the only difficulty was in making a *correct diagnosis*, and yet the *most efficient* aid in forming it—auscultation—was entirely overlooked, and the idea that it really afforded any important information, was treated with derision! and this by respectable (though certainly mere *routine*) coun-

try practitioners. *Jam solvi nobile problema—dato aliquo morbo, invenire remedium?* Every one will admit the truth of this proposition—but the difficulty lies in the *dato morbo*, (the disease, *not its name*, being given,) which is, very frequently indeed, not the fact. The tissue affected, the nature and degree of its morbid lesion, or even the *organ*, or more than this, *even the cavity* in which the disease is located, are often involved in great obscurity.—I have always considered *the diagnosis as the great difficulty* in the practice of medicine; and, therefore, value, above all others, those works and those means which are calculated to throw any light upon a subject of such vital importance. Is it not then *unpardonable* in a practising physician to neglect any of those means, and especially when of such established utility as the stethoscope?

2d. The state of the pulse, and the appearance of the blood detracted in this case, are worthy of notice and comment. The former was *frequent, corded, and tense*; and the latter *buffy and cupped*—up to the period of my first visit; and these facts were confidently insisted on, not only in justification of the repeated bleedings, but as absolutely demanding their continuance. My views, however, were very different—I had seen this same *synocula pulse*, small, corded, frequent and tense, exist in a state of *alarms debility*—had witnessed its removal by the use of tonics and a nourishing diet, and had been fully convinced, that repeated bleeding might and would *produce it*—but never can, never did, *remove it*.

Accurately to discriminate between the *irritable* and the *inflammatory* pulse, though at all times of the utmost consequence, is, occasionally, exceedingly difficult. My excellent friend, and, for some time, preceptor—the distinguished Dr. PARRISH—used to relate the following interesting example, in his lectures:—While Dr. WISTAR was in Edinburgh, he with some other students, one day bled a dog to death. Just before he expired, a practitioner, (who was well accustomed to feeling the pulse,) happening to step in, was requested to place his hand on the dog's heart, (being unacquainted with what had been done,) and inform them whether the action was *sthenic* or *asthenic*? He made the desired examination, and pronounced the excitement to be—*sthenic*!

This *synocula pulse* is frequently met with in the advanced stages of phthisis pulmonalis, accompanied by great prostration of strength; and also occurs, occasionally, in hectic fever, proceeding from diseased bones, old, indolent, and sloughing ulcers—where it is merely the effect of irritation. Sometimes, indeed, it may be found just before dissolution—appearing to be only the last struggle of expiring nature.

Concerning the indications to be drawn from the appearances of

the blood, Sir ASTLEY COOPER gives us a valuable lesson, or caution, in the following case:—a man, (in Guy's hospital,) in the *last stage of scurvy, whose skin would ecchymose from the slightest pressure, and from whose gums blood was oozing, was bled*, (a little being taken as an experiment,) and, *even here*, the blood was both *sizy* and *cupped!*

CASE II.—*Ascites and anasarca, from enlarged spleen.*—John H. a labourer from the Chesapeake and Delaware Canal, was admitted into the Alms-house on the 15th of November last. He stated that he had been labouring under “fever and ague for four months, had a very large and hard ague cake in his left side, for about three months, and had been swelling gradually, for six or seven weeks past.” At the time of his admission he had a severe chill every evening—discharged blood from the bowels, and the accumulation of water was so great, as to confine him entirely to bed. The enlarged spleen, (as hard as a board, to the touch,) filled the whole of the left hypochondriac, iliac, and inguinal regions, extending down almost in contact with the os pubis, and across the epigastric and far into the right iliac and inguinal regions. Its size was, indeed, almost incredible. The abdomen was distended with water—the feet and legs swelled almost to bursting; the countenance sallow, pulse feeble and frequent, skin dry and harsh.

Mercury being evidently demanded, it was at once had recourse to. A pill of calomel and opium,  $\text{āā. gr. ss.}$  with squills,  $\text{gr. ij.}$  was given three times a day; with tinct. digitalis,  $\text{gtt. xv.}$  gradually increased to  $\text{gtt. xl.}$  immediately after each pill. And he was rubbed, mane et vespere, with ungt. merc. In three days, a gentle ptyalism was excited—the chills ceased almost immediately—copious discharges of urine soon succeeded, and in about ten days all dropsical swelling was gone. The morbid condition of the spleen was not, however, materially improved, and the patient could not be considered safe whilst the cause of his dropsy remained. The inefficiency of mercury, in many old cases of enlarged spleen, has long been known, and a remedy, on which more dependance might be placed, ardently desired. This, I trust, has at length been found in iodine and its preparations. In this case,  $\text{gtt. xij.}$  of a saturated tincture, gradually increased to  $\text{gtt. l. ter in die}$ , and continued in that dose, until the head and stomach became slightly affected—with the following ointment well rubbed in over the tumefaction, morning and evening, in about four weeks reduced the spleen to its natural size and healthy functions, (whatever they may be.)  $\text{R. ungt. merc. } \mathfrak{z}\text{ss., hydriod. potass. } \mathfrak{D}\text{ij., liq. potass. gtt. vi. M. ft. ungt.}$ —One half of which was rubbed in daily. It may be

proper to add, that the chalybeate tonics were given to complete the cure.

The preceding case is related chiefly with a view to make a few brief observations on the treatment of dropsy, and to afford additional testimony in favour of the effects of iodine in enlarged glands, or visceral obstructions—a troublesome and sometimes intractable kind of cases.

1. The diuretic combination used in this case, (*viz.* calomel, squills and digitalis,) has been condemned by a very respectable writer, BLACKALL; and some practitioners may, on his authority, have discontinued its use. But I can conscientiously declare, that in no disease have I seen any medicine display more decidedly beneficial effects than this combination does in dropsy. I could relate many cases in which it produced the same happy result as in the preceding; but will mention only one, now under my care, in which the patient was cured by it, two years since—recently exposure and intemperance brought on diseased liver and its consequence, dropsy; and again is he rapidly recovering under the use of the same medicines. In reply, then, to any speculative objections against a combination or prescription of *fully ascertained value*, I have only to say that what I have related are facts—and that *facts are stubborn things*; that they will not, nor can they be made to bow submissive before *theory*, no matter how high may be the source from whence it emanates. If the answer, “*experientia docet*,” can be truly made to any hypothetical doctrine or opinion, it is not conclusive? I should add, before terminating my remarks on the treatment of dropsy, that I prefer the calomel and squills, in pill, (with or without opium, according to circumstances,) and the digitalis in tincture; for, by exhibiting them in this form, the latter can be gradually increased or diminished, *pro re nata*, while the pills may remain unaltered; and often, the mouth becoming sore, it is proper to discontinue the pills, when the digitalis ought not to be omitted, indeed cannot, with propriety, be dispensed with.

2. Of iodine, I might mention, in addition to its decided effects in the preceding case, several others of enlarged spleen, the sequelæ of intermittent fever entirely removed by it—as also a case of goitre, and one of sarcocele, cured by the tincture internally, and the ointment above-mentioned, topically, in about four weeks time. But I will only relate one more instance of its triumph over disease.

CASE III.—*Incipient Phthisis*.—Mrs. M. a young widow lady, of a consumptive family, after labouring under amenorrhœa for three

months, was attacked with hemoptysis, succeeded by a troublesome, dry cough, and hectic fever. When she applied for medical aid, in addition to the symptoms mentioned, her skin was sallow, and her general health in a very depraved state, with a quick and frequent pulse, and great debility.

Having seen, in some one of the medical journals, a statement that iodine had proved serviceable in a similar case, I concluded to give it a fair trial; and, consequently, directed gtt. xij. of a saturated tincture, (forty-eight grs. to the  $\bar{z}$ j.) to be taken, *ter die*, increased daily a drop at each dose. It was continued with this gradual and regular increase of the dose, until gtt. lx. were taken three times a day. This quantity was persisted in for six days, no bad effects ensuing, when the *menstrual discharge* came on; the consumptive symptoms rapidly subsided, and the patient's health was soon restored.

The following winter this lady "took cold whilst unwell," amenorrhœa was the consequence, with a return of the consumptive symptoms, which were again removed in the same manner as before. No other medicine was used in this case, except sulph. sublim. or magnes. calc. to keep the bowels in a soluble condition.

In conclusion, I think it proper to add, that I have never seen any injurious effects from the iodine, though used freely and frequently in both my public and private practice.

Wilmington, Del. Feb. 1831.

ART. IX. *Observations on Vision.* By BENJAMIN F. JOSLIN, M. D.  
Professor of Mathematics and Natural Philosophy in Union College, Schenectady, New York.

*ACCOMMODATION of the Eye to different distances.*—When the pupil of one of my eyes was dilated by stramonium for certain physiological experiments, (an account of which will be published hereafter,) some indistinctness of vision was experienced, which was found on examination to affect objects at moderate distances only. All objects in the room were somewhat obscure, whilst those situated without, at the distance of many rods, appeared equally distinct to both eyes. By placing in contact with the eye, and directly before the dilated pupil, an opaque plate, perforated with a *circular aperture of nearly the same apparent magnitude\** as the other pupil, there was no appre-

\* The incident and emergent rays undergo a similar refraction at the cornea.